

**ILLINOIS COMMERCE COMMISSION
MOTOR CARRIER OF PROPERTY LICENSE APPLICATION**

GENERAL INSTRUCTIONS

1. The Commission's Motor Carrier of Property License Application form, or photocopies of this form, must be used.

The Motor Carrier of Property License Application form is to be used by persons seeking a new license or an extension of an existing license.
Applications for Name Change Only should be on the Commission's Name Change Petition Form.

2. The application must be typed or printed legibly with black ink only.
3. If any space on the forms is insufficient, write "See Attached Sheet" in the space and attach a plain, white 8 1/2" x 11" sheet with that portion of your answer which would not fit on the form. On the attached sheet, identify the question to which each answer applies. If more than one attached sheet is used, number attached sheets consecutively.
4. A **non-refundable** filing fee in the amount specified in the attached Reference Sheet, Chart I, must accompany all Motor Carrier of Property License Applications. If you fill in more than one blank in Part I of the application, add respective fees and pay the total amount. The fee must be paid by check or money order made out to the Illinois Commerce Commission.
5. If the applicant is incorporated in a state other than Illinois, the corporation must be qualified to do business in Illinois under the Illinois Business Corporation Act. Proof of qualification, in the form of a Certificate of Authority to Do Business as a Foreign Corporation, must be filed with the application.
6. If the applicant is domiciled in a state other than Illinois, a resident of Illinois must be designated as the applicant's "agent for service of process", in compliance with Section 18c-1801 of the Illinois Commercial Transportation Law (ICTL). The purpose of the Illinois Process Agent is to receive Commission correspondence, such as notices, orders, administrative or judicial process, on behalf of the applicant.
7. In order to qualify for a motor carrier of property license, the applicant must demonstrate that he is fit, willing and able to provide the service in compliance with applicable law; that there is a need for the service; and that issuing the license will promote the public convenience and necessity (common carrier of property) or the public interest (contract carrier of property).
8. Section 18c-4201(4) of the ICTL provides that "No shipper representative shall be permitted to testify in support of an application . . . on the issue of need for service unless (i) A supporting statement was filed on behalf of the shipper at least **10 days prior to the date of testimony**; and (ii) If the supporting statement was not filed with the application, the statement was served on all parties of record at least 10 days prior to the date of testimony." The statement of Shipper Support form (Supporting Document SS), must be used for this purpose. The names and addresses of all shippers who intend to support the application must be submitted with the application on the Supporting Shippers Listing (Supporting Document SSL).
9. For permanent authority, applicant must publish notice of each application one time in the Official State Newspaper, and may be required to publish further notice. If the applicant has properly completed and filed the application, he will receive a letter from the Commission authorizing him to publish notice. The notice form to be completed and mailed to the Official State Newspaper, together with the name and address of the newspaper, will be enclosed with this letter. Notice must be published on the Public Notice form mailed to the applicant by the Commission. The applicant must secure a Certificate of Publication from the Official State Newspaper, promptly file a copy of the permanent publication with the Review and Examination Section of the Commission, and bring the original Certificate of Publication to the hearing. An oral hearing is required by statute on all applications for permanent motor carrier of property authority. A hearing on the application shall not commence until the certificate of publication has been filed.
10. An application for temporary authority may only be applied for in conjunction with an application for permanent authority. If the applicant has properly completed and filed the application, he will receive a letter from the Commission authorizing him to publish notice. Hearing is not normally required on a request for temporary authority.
11. If the application is granted for temporary or permanent authority, the license cannot be issued until the following documents have been filed with the Commission:
- a) Proof of insurance (Forms E and/or H) or bond coverage in compliance with Commission regulations;
 - b) Tariffs (if applicant is a common carrier) or rate schedules (if applicant is a contract carrier) in compliance with Commission regulations;
 - c) Franchise fees per vehicle used in intrastate commerce in the amount prescribed by Commission regulation; and
 - d) Contracts executed with each shipper the applicant intends to serve. (Contract carriers only).
12. The original and two copies of this application (with all supporting documents) must be mailed or delivered to the Commission offices at the address below. (See Checklist in Part IV of the application form.)

Illinois Commerce Commission, Transportation Division, 527 E. Capitol Avenue, Springfield, IL 62701

Phone [217] 782-4654

SPECIFIC INSTRUCTIONS

This form is to be used as an application for permanent authority, an extension to permanent authority, temporary authority, and/or emergency temporary authority.

(NOTE: You MAY NOT apply for temporary authority or emergency temporary authority without also applying for permanent authority.) Enter N/A (*Not Applicable*) for all items which do not pertain to the applicant.

PART I. APPLICATION CATEGORIES

Items 1a - 3a: Use the Reference Sheet, Chart I, to select and enter here the appropriate two-digit fee code (*01-06*), the type of application, and the fee amount for the type of **PERMANENT** authority the applicant is requesting.

Items 1b - 3 b: Use the Reference Sheet, Chart I, to select and enter here the appropriate two-digit fee code (*07-10 for temporary authority, or 11-14 for emergency temporary authority*), the type of application, and the fee amount for the type of **TEMPORARY** or **EMERGENCY TEMPORARY** authority the applicant is requesting.

Item 4: Add Items 3a and 3b.

PART II. IDENTITY OF APPLICANT

Item 1: Use the Reference Sheet, Chart VI, to select the appropriate business type. Place a check mark on the form in the appropriate box. Check only one. Note: If corporation, list state of incorporation.

Item 2: Sole Proprietorship: Last name, first name, and middle initial.

Partnership: The legal name of the Partnership exactly as it appears on the partnership's agreement or other legal document, if any, that created the partnership.

Corporation: The corporate name exactly as listed on the corporation's charter or other legal document creating the corporation.

Item 3: Sole Proprietorship: Federal Employee Identification Number (*FEIN*). If the applicant is not required to have a FEIN, enter the applicant's social security number.

Partnership: Partnership's Federal Employee Identification Number (*FEIN*).

Corporation: Corporation's Federal Employee Identification Number (*FEIN*).

Item 4: Trade name (*for Sole Proprietor or Partnership only*), if any, and if different from the legal name in Part II, Item 2. The trade name should be entered exactly as it was last registered with the state or local governing body which regulates trade or business names in your locality. A Certificate of Publication under the Assumed Business Name Act must be submitted with the application and may be obtained from the County Clerk in the county in which the business is conducted. (*Ill. Rev. Stat., Ch. 95, Par. 4.*)

Trade name (*for Corporation only*), if you have a trade name and if you intend to operate under your trade name, you must attach the following documents. For a domestic corporation, attach a copy of either the Amended Articles of Incorporation as recorded by the Secretary of State or an approved Application to Adopt, Change or Cancel an Assumed Corporate Name from the Secretary of State. For a foreign corporation, attach a copy of the Amended Authorization to do Business in Illinois as a Foreign Corporation as recorded by the Secretary of State.

Item 5: Interstate Commerce Commission operating authority number, if applicable.

Item 6: Address of principal place of business. The address should be the actual physical location of the business. Do **not** use P.O. Box Number here.

Item 7: Mailing address. If applicant receives business correspondence at an address that is different from Item 6 above.

Item 8: Business Phone Number.

Item 9: If correspondence and other communication regarding this application should be with your attorney or other contact person, enter that person's name, address and phone number.

Item 10: Illinois Process Agent. See General Instructions #6.

PART III. DESCRIPTION OF AUTHORITY REQUESTED

Item 1: Applicant must clearly specify the proposed commodities to be transported. Please use the following format (*Noun, comma, followed by an adjective*) for stating these commodities. For example:

DO USE

Machinery, Farming
Lumber, Treated

DO NOT USE

Farming Machinery
Treated Lumber

Item 2: Applicant must clearly specify the geographical territory, by county, within which he proposes to transport the commodities requested in Item 1, above.

Item 3: Applicant must specify any restrictions which will be imposed on the transportation of the requested commodities. Restrictions may be imposed on both commodities and territory.

PART IV. CHECKLIST

Review the checklist carefully to ensure that all supporting documents, attachments, and fees are included with the application at the time it is submitted to the Commission. Check each item to be included.

PART V. CERTIFYING STATEMENT AND SIGNATURE

Sole Proprietorship: This application must be signed by the person whose name appears in Part II, Item 2.

Partnership: This application must be signed by a partner.

Corporation: This application must be signed by an officer of the corporation.

FILING FEES FOR HOUSEHOLD GOODS CARRIERS

TYPE OF APPLICATION	FEE (\$)
a) APPLICATION FOR NEW LICENSE	
1) Application for temporary authority	\$450
2) Application for emergency temporary authority	\$450
3) Application for permanent license	\$900
b) APPLICATION FOR EXTENDED LICENSE	
1) For temporary authority	\$450
2) For emergency temporary authority	\$450
3) Other application for extended license	\$900
c) APPLICATION TO TRANSFER LICENSE	
1) Transfer under Section 18c-4306 of the Law	\$450
2) Other application to transfer license	\$900
d) APPLICATION TO REINSTATE A SUSPENDED OR REVOKED LICENSE OR VACATED ORDER	\$900
e) PETITION FOR INTERPRETATION OF AUTHORITY	\$375
f) PETITION TO AMEND AUTHORITY	\$112.50
g) PETITION FOR NAME CHANGE	\$112.50
h) RATE FILINGS	
1) Application for authority to establish a released value rate	\$112.50
2) Special permission application	\$112.50
i) ANNUAL CAB CARD AND CAB CARD RENEWAL FEE FOR EACH VEHICLE OPERATED BY OR UNDER AUTHORITY OF A HOUSEHOLD GOODS CARRIER	\$37.50
j) EACH ORDER FOR CAB CARDS SHALL BE ACCOMPANIED BY A \$15 ORDER PROCESSING FEE	
(Source: Amended at 28 Ill. Reg. 13003, effective October 1, 2004)	

**Illinois Commerce Commission
Transportation Division**

MOTOR CARRIER OF PROPERTY LICENSE APPLICATION

IMPORTANT NOTICE:

Completion of this form is necessary for obtaining a Motor Carrier of Property License under the Illinois Commercial Transportation Law, Chapter 18c. This form has been approved by Forms Management Center.

The following materials are required to complete this form:

1. Instruction Sheet - Please read General & Specific Instructions carefully before completing this form.
2. Reference Sheet - Coding Information and Definitions.
3. Supporting Documents - Forms you may be required to submit with the application.

I. APPLICATION CATEGORIES (see Specific Instructions)

1. Fee Code	2. Type of Application (abbreviate if necessary)	3. Fee Amount
a.	a.	a. \$
b.	b.	b. \$
4. Total Fees (Non-refundable, submit with application)		\$

II. IDENTITY OF APPLICANT (see Specific Instructions)

1. Business Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation: State of Incorporation _____				
2. Full Legal Name:				3. FEIN/SSN:
4. Trade Name of Business if different from Item #2:				5. Federal ICC # (if applicable):
6. Business Address: Street & Number	City	State	Zip	County
7. Mailing Address, if different: Street & Number (P.O. Box):	City	State	Zip	8. Phone No. []
9. Attorney or Other Contact: (Person's or Law Firm's Name):				Phone No.: []
Street & Number		City	State	Zip
10. Illinois Process Agent's Name:	Street & Number	City	State ILLINOIS	Zip

III. DESCRIPTION OF AUTHORITY REQUESTED (*see Specific Instructions*)

1. COMMODITIES:

2. TERRITORY (*list counties to be served*):

3. RESTRICTIONS:

IV. CHECKLIST (*A through M are required for temporary authority; A through N are required for permanent authority*)

- | | |
|---|---|
| <input type="checkbox"/> A. Filing Fee (<i>total fees from Part I, Line 4</i>). | <input type="checkbox"/> I. Certificate of Authority to do Business as a Foreign Corporation if incorporated outside of Illinois. |
| <input type="checkbox"/> B. Business Ownership Information (<i>Supporting Document BI</i>). | <input type="checkbox"/> J. Certificate of Publication under the Assumed Business Name Act (<i>if applicable</i>). |
| <input type="checkbox"/> C. Financial Statement (<i>Supporting Document FIS</i>). | <input type="checkbox"/> K. C.O.D. Affidavit (<i>Supporting Document COD</i>). |
| <input type="checkbox"/> D. Applicant's Fitness Statement (<i>Supporting Document FS</i>). | <input type="checkbox"/> L. Cargo Affidavit (<i>Supporting Document CA</i>). |
| <input type="checkbox"/> E. Shipper's Supporting Statement(s) (<i>Supporting Document SS</i>). | <input type="checkbox"/> M. Safety information requested on Fitness Statement (<i>Supporting Document FS</i>). |
| <input type="checkbox"/> F. Copy(ies) of most current Motor Carrier of Property License(s) issued to the applicant, if any. | <input type="checkbox"/> N. Supporting Shipper Listing (<i>Supporting Document SSL</i>). |
| <input type="checkbox"/> G. Articles of Incorporation if corporation is less than one year old. | |
| <input type="checkbox"/> H. Certificate of Good Standing if corporation is more than one year old. | |

V. CERTIFYING STATEMENT AND SIGNATURE

Under penalty of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete. Signature authorizes the Illinois Commerce Commission to lower the amount of the check if fees submitted exceed the correct amount.

Applicant Signature _____ Position or Title _____ Date _____

**Illinois Commerce Commission
Transportation Division**

**Supporting Document
FIS**

FINANCIAL STATEMENTS

(Illinois MC Number)

IMPORTANT NOTICE

Completion of this form is necessary for obtaining a Motor Carrier of Property License under the Illinois Commercial Transportation Law, Chapter 18c. The applicant represents that the following information, submitted as part of the accompanying application and verified under oath by the signature thereon, is true and correct.

IDENTITY OF APPLICANT

Full Legal Name	FEIN/SSN
-----------------	----------

BALANCE SHEET AT DATE OF APPLICATION

ASSETS	
Current Assets	
Cash	\$
Receivables - Trade .....	.....
Receivables - Other .....	.....
Prepayments .....	.....
Other Current Assets .....	.....
Total Current Assets	\$
Fixed and Other Assets	
Buildings/Terminals - Net	\$
Other Property - Net .....	.....
Revenue Equipment - Net .....	.....
Other Equipment - Net .....	.....
Other Fixed Assets .....	.....
Total Fixed Assets	\$
TOTAL ASSETS	\$
LIABILITIES	
Current Liabilities <i>(Due within one year)</i>	
Payables - Equipment	\$
Payables - Trade .....	.....
Wages/Salaries .....	.....
Taxes .....	.....
Other Liabilities .....	.....
Total Current Liabilities	\$
Long Term Liabilities <i>(Due more than one year)</i>	
Payables - Equipment	\$
Payables - Trade .....	.....
Other Long Term Liabilities .....	.....
Total Long-Term Liabilities	\$
TOTAL LIABILITIES	\$
OWNER'S EQUITY	
Equity	
Sole Proprietorship/Partnership Capital	\$
Corporations	
Outstanding Capital Stock .....	.....
Retained Earnings .....	.....
TOTAL EQUITY	\$
TOTAL LIABILITIES AND EQUITY	\$

(Total Assets must equal total liabilities and equity)

PROJECTED INCOME STATEMENT FOR ONE YEAR

OPERATING REVENUE	
Transportation Revenue:	
Intrastate based on Supporting Document SS	\$
Intrastate from other than Supporting Shippers .....	.....
Interstate .....	.....
Non-Transportation Revenue .....	.....
TOTAL REVENUE	\$
OPERATING EXPENSES	
Salaries	
Officers/Owners	\$
Employees .....	.....
Payroll Taxes .....	.....
Total Salaries	\$
Operations	
Fuel, Oil, Lube	\$
License .....	.....
Taxes .....	.....
Other .....	.....
Total Operation	\$
Insurance	
Public Liability	\$
Cargo Liability .....	.....
Other Insurance .....	.....
Total Insurance	\$
Depreciation	
Buildings	\$
Revenue Equipment .....	.....
Other Depreciation .....	.....
Total Depreciation	\$
General	
Office Supplies	\$
Utilities .....	.....
Uncollectible Accounts .....	.....
Other .....	.....
Total General	\$
Rents	
Net-equipment Rents	\$
Other Rents .....	.....
Total Rents	\$
TOTAL EXPENSES	\$
NET OPERATING INCOME	
<i>(Revenue - Expenses)</i>	\$

**Illinois Commerce Commission
Transportation Division**

FITNESS STATEMENT

(Illinois MC Number)

IMPORTANT NOTICE

Completion of this form is necessary for obtaining a Motor Carrier of Property License under the Illinois Commercial Transportation Law, Chapter 18c. The applicant represents that the following information, submitted as part of the accompanying application and verified under oath by the signature thereon, is true and correct.

IDENTITY OF APPLICANT

Full Legal Name

FEIN/SSN

YES NO

- ☐ ☐ 1. Applicant will, if the application is approved, provide continuous and adequate service as authorized by the license.
- ☐ ☐ 2. Applicant understands that it is under an obligation, before conducting any operations under a license issued to it by the Commission, to obtain a copy of the Illinois Commercial Transportation Law and Commission regulations or orders; to become familiar with same; and to consult with legal counsel or Commission staff where necessary. Applicant is representing, by the filing of this application, that it has done so or will do so before conducting any operations.
- ☐ ☐ 3. Applicant does not owe the State of Illinois any fee or tax due for the privilege of operating a motor vehicle over the public roads of this state, or any penalties for failure to pay such fees or taxes in a timely manner; or if any fee, tax, or penalty is owed, an agreement to pay the delinquent monies has been entered into between the applicant and the Attorney General, which agreement is not in default as attested to by the certification of the Attorney General attached to this statement.
- ☐ ☐ 4. Applicant has been cited for violations of applicable motor carrier safety standards. If **yes**, explain the date and nature of the citations and their disposition.
- _____
- _____
- _____
- ☐ ☐ 5. Has applicant been convicted of any crime other than a minor traffic offense? If **yes**, attach a detailed explanation of the date and nature of the offense, and a statement of any sanctions imposed.
- _____
- _____
- _____
- ☐ ☐ 6. Has applicant at any time been the holder of a license from the Commission which was suspended or revoked. If **yes**, explain the date of, and reason for, the suspension or revocation.
- _____
- _____
- _____
- ☐ ☐ 7. Does applicant or applicant's general partners, if partnership; principal officers, if corporation; have an interest in another license issued by this Commission? If **yes**, attach a copy of the Motor Carrier of Property License(s).

(over)

8 List the equipment to be used by the applicant in operating the authority requested:

Type of Equipment	Number Currently Owned	Number Currently Leased	Number to be Acquired
Tractors:			
Pneumatic Trailers:			
Hopper Trailers:			
Closed Box Trailers:			
Livestock Trailers:			
Flatbed Trailers:			
Tank Trailers:			
Refrigerated Trailers:			
Low Boy Trailers:			
Other Type Trailers:			
Number of Straight Trucks:			
Other (vans, cars, etc.):			

9 Identify by physical address all facilities to be used by the applicant in operating the authority requested.

Type of Facility	Address	Currently Owned	Currently Leased	To Be Acquired

10 Does the applicant currently have a safety program established? ☐ Yes ☐ No
If yes, please briefly describe. Attach additional pages if necessary.

11 Does the applicant currently have a training program established? ☐ Yes ☐ No
If yes, please briefly describe. Attach additional pages if necessary.

12 Does the applicant currently have a maintenance program established? ☐ Yes ☐ No
If yes, please briefly describe. Attach additional pages if necessary.

13 Is the applicant now, or has the applicant been, the subject of a civil penalty action by the Commission? ☐ Yes ☐ No
If yes, provide the NAVOS number or Civil Penalty number and the nature of the allegations/violations. Attach additional pages if necessary.

14 Has the applicant's safety record, as evidenced by a certification or record from the Federal Highway Administration, the Illinois Department of Transportation, or the appropriate regulatory body of another state indicated any motor carrier safety citations issued against the applicant, or any disciplinary action taken or pending, during the three years preceding this application? ☐ Yes ☐ No
If yes, please briefly describe. Attach additional pages if necessary.

15 Has the applicant attached a Motor Carrier Safety Rating from the Federal Highway Administration? ☐ Yes ☐ No

16 Has the applicant attached a Safety Record from the Illinois Department of Transportation? ☐ Yes ☐ No

17 Has the applicant attached a Driving Record from the Secretary of State? ☐ Yes ☐ No

ILLINOIS COMMERCE COMMISSION
TRANSPORTATION DIVISION

Supporting Document
SSL

SUPPORTING SHIPPER LISTING

(Illinois MC Number)

1 Supporting Shipper's Full Legal Name:

Trade Name of Business if Different from Above:

Business Address (Street and Number):

Mailing Address (P.O. Box):

City:

State:

Zip Code:

2 Supporting Shipper's Full Legal Name:

Trade Name of Business if Different from Above:

Business Address (Street and Number):

Mailing Address (P.O. Box):

City:

State:

Zip Code:

3 Supporting Shipper's Full Legal Name:

Trade Name of Business if Different from Above:

Business Address (Street and Number):

Mailing Address (P.O. Box):

City:

State:

Zip Code:

4 Supporting Shipper's Full Legal Name:

Trade Name of Business if Different from Above:

Business Address (Street and Number):

Mailing Address (P.O. Box):

City:

State:

Zip Code:

5 Supporting Shipper's Full Legal Name:

Trade Name of Business if Different from Above:

Business Address (Street and Number):

Mailing Address (P.O. Box):

City:

State:

Zip Code:

6 Supporting Shipper's Full Legal Name:

Trade Name of Business if Different from Above:

Business Address (Street and Number):

Mailing Address (P.O. Box):

City:

State

Zip Code

(over)

cc304/20 ssl
Rev. 2/92

Supporting Document
SSL
(continued)

7 Supporting Shipper's Full Legal Name:

Trade Name of Business if Different from Above:

Business Address (Street and Number):

Mailing Address (P.O. Box):

City:

State:

Zip Code:

8 Supporting Shipper's Full Legal Name:

Trade Name of Business if Different from Above:

Business Address (Street and Number):

Mailing Address (P.O. Box):

City:

State:

Zip Code:

9 Supporting Shipper's Full Legal Name:

Trade Name of Business if Different from Above:

Business Address (Street and Number):

Mailing Address (P.O. Box):

City:

State:

Zip Code:

10 Supporting Shipper's Full Legal Name:

Trade Name of Business if Different from Above:

Business Address (Street and Number):

Mailing Address (P.O. Box):

City:

State:

Zip Code:

11 Supporting Shipper's Full Legal Name:

Trade Name of Business if Different from Above:

Business Address (Street and Number):

Mailing Address (P.O. Box):

City:

State:

Zip Code:

CERTIFYING STATEMENT

I understand that adding additional shippers to this motor carrier of property application after it has been filed with the Illinois Commerce Commission will necessitate the filing of a new application and payment of the application fee again.

Applicant Signature

Position or Title

Date

Illinois Commerce Commission
Transportation Division

Supporting Document
SS

(Illinois MC Number)

STATEMENT OF SHIPPER SUPPORT

IMPORTANT NOTICE

Completion of this form is necessary for obtaining a Motor Carrier of Property License under the Illinois Commercial Transportation Law, Chapter 18c.

APPLICANT: The form is to be completed by each shipper who is to appear at the hearing in support of the application for a motor carrier of property license, and will become part of the application. Complete Part I of this form, forward to the supporting shipper(s) and instruct the shipper to submit the completed and signed form to the Commission.

SHIPPER: Completion and signature of this form demonstrates that the signatory is authorized to support the application for motor carrier of property license, and that the signatory, or his representative, intends to testify at the application hearing.

I. IDENTITY OF APPLICANT

Full Legal Name	FEIN/SSN
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II. IDENTITY OF SHIPPER

Legal Name	Business Address - Street & Number		
City	State	Zip	Phone

1. The shipper has a need for transportation of the commodities listed below:

2. The shipper has a need for the transportation of the listed commodities from the following points:

To the following points:

3. The shipper has a need for the following special transportation services, if any:

4. The applicant's proposed service will be used to the following extent (list number of loads or tons, and the frequency of the transport need, i.e., per week, per month, etc.)

5. The shipper is supporting the application for the following reason(s):

- | | |
|---|--|
| <input type="checkbox"/> New or unique service | <input type="checkbox"/> Minority and Female Business Enterprise Act |
| <input type="checkbox"/> Expanded shipper operation | <input type="checkbox"/> Unavailability of existing carriers |
| <input type="checkbox"/> Rate considerations | <input type="checkbox"/> Other (list) _____ |

6. The proposed service (check one) ___ is ___ is not currently being provided by other for-hire carriers to the shipper. If the proposed service is being provided, explain why a new license should be granted.

7. What economic harm will result to the shipper if the application is not granted:

(over)

8 Are the applicant's proposed rates ☐ greater than or ☐ less than or ☐ equal to the amount shipper is currently paying for the proposed service?

9 List the carriers the shipper has used for the proposed services for the last two years: (A copy of this Statement of Shipper Support may be sent to the carriers listed below.)

A Full legal name of carrier	Illinois MC number	Date carrier contacted	Date service last provided
------------------------------	--------------------	------------------------	----------------------------

If this carrier's service was unsatisfactory, list reasons:

B Full legal name of carrier	Illinois MC number	Date carrier contacted	Date service last provided
------------------------------	--------------------	------------------------	----------------------------

If this carrier's service was unsatisfactory, list reasons:

C Full legal name of carrier	Illinois MC number	Date carrier contacted	Date service last provided
------------------------------	--------------------	------------------------	----------------------------

If this carrier's service was unsatisfactory, list reasons:

10 Has the shipper filed a complaint with the Illinois Commerce Commission for any unsatisfactory services specified in Item 9? ☐ Yes ☐ No
If no, please give reason _____

11. List additional carriers the shipper has contacted in the last 90 days which have been unable to provide the services requested in this application:

A Full legal name of carrier	Illinois MC number	Date carrier contacted	Date service refused
------------------------------	--------------------	------------------------	----------------------

B Full legal name of carrier	Illinois MC number	Date carrier contacted	Date service refused
------------------------------	--------------------	------------------------	----------------------

C Full legal name of carrier	Illinois MC number	Date carrier contacted	Date service refused
------------------------------	--------------------	------------------------	----------------------

12 For applicants requesting emergency temporary licenses, the shipper has knowledge that an urgent and immediate need exists for the requested service for the reasons specified below: (check appropriate boxes)

- ☐ Natural disaster, e.g., floods, storms, forest fires, earthquakes;
- ☐ Catastrophes, such as explosions, fire or oil spills;
- ☐ Adverse weather conditions, such as ice storms, blizzards, snow;
- ☐ Discontinuance of services of existing carriers due to labor shortages or work stoppages;
- ☐ Transportation services required in the interest of national defense;
- ☐ Other - **specify and explain** (specify exact nature of emergency)

13 The shipper has made the following additional efforts to obtain the names of licensed carriers to provide the needed service:

- ☐ Sought recommendations from carrier associations
- ☐ Contacted _____ Date _____ Results _____
Sought recommendations from shipper associations
- ☐ Contacted _____ Date _____ Results _____
Obtained carrier lists from Illinois Commerce Commission
- ☐ Contacted _____ Date _____ Results _____
Other _____
- ☐ Contacted _____ Date _____ Results _____

14 List all other motor carrier applicants the shipper has supported in the last three years

15 Signature of Shipper	Typed/Printed Name of Shipper	Position or Title
-------------------------	-------------------------------	-------------------

16 Company Name (as it appears on the SSL Supporting Document)	Date
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Illinois Commerce Commission
Transportation Division

Supporting Document

COD

C.O.D. AFFIDAVIT

(Illinois MC Number)

IMPORTANT NOTICE

Completion of this form is necessary for obtaining a Motor Carrier of Property License under the Illinois Commercial Transportation Law, Chapter 18c.

IDENTITY OF APPLICANT

Full Legal Name

FEIN/SSN

Does applicant intend to conduct a C. O. D. business?

- ☐ **Yes** A Certificate of C.O.D. Bond (Form MC 2449c - Ed. 7-90) and a \$25.00 filing fee must be filed prior to the issuance of a motor carrier of property license.
- ☐ **No** Applicant will not handle any C.O.D. shipments under the license herein applied for, and requests that the license be restricted against any such shipments. This affidavit is part of the motor carrier of property license application.

Applicant Signature

Position or Title

Date

Illinois Commerce Commission
Transportation Division

Supporting Document

CA

CARGO AFFIDAVIT

(Illinois MC Number)

IMPORTANT NOTICE

Completion of this form is necessary for obtaining a Motor Carrier of Property License under the Illinois Commercial Transportation Law, Chapter 18c.

IDENTITY OF APPLICANT

Legal Name

FEIN/SSN

Does applicant intend to handle any shipments as a common carrier which have a value in excess of \$5,000.00?

- ☐ **Yes** A Certificate of Cargo Insurance (Form H) with a minimum of \$10,000.00 coverage and a \$25.00 filing fee must be filed in triplicate with the Insurance Unit of the Illinois Commerce Commission.
- ☐ **No** Applicant understands and accepts, as a condition of the waiver of cargo insurance requirements, that it is the applicant's responsibility to notify each shipper, in writing, prior to rendering any transportation service, that the carrier does not have the minimum cargo insurance coverage required by Commission regulations; and that it has filed an affidavit, in lieu of cargo insurance, stating that it will not carry in any vehicle, cargo with a value in excess of \$5,000.00.

Applicant Signature

Position or Title

Date